

ALTERNATE WORK WEEK SCHEDULE REQUEST AND AGREEMENT

GS-64A (NEW 9/96)

(Do not use for WWG E and SE employees)

REQUESTER'S NAME		TYPE OF AWW'S REQUESTED <input type="checkbox"/> 9/8/80 <input type="checkbox"/> 4/10/40	
OFFICE NAME		REQUESTER'S POSITION NUMBER	
WORK WEEK WILL BEGIN AT 12:00 am every Sunday	WORK HOURS a.m. to p.m. (9 hour days)		LUNCH PERIOD 1 hour
SCHEDULED DAY OFF Monday	IF REQUESTING 9/8/80 AWW'S, ALTERNATING WORK DAY HOURS ARE: a.m. to p.m. (8 hour day)		REQUESTED EFF DATE

In accordance with the Department of General Services policy, I hereby request the above Alternate Work Schedule. I have attached a completed Alternate Work Schedule (GS-64) reflecting the new work schedule for the remainder of the calendar year. If approved, I agree to the following terms and conditions of this agreement:

I understand that this change in work week is voluntary; it is a privilege and not a right and may be changed or canceled by the Department at any time. I agree to abide by the Department's 4/40 and 9/80 alternate work week schedule policy and procedures.

I agree to maintain an accumulation of at 20 hours in excess hours, CTO, annual leave or vacation.

I understand that I will not accrue overtime solely as a result of my Alternate Work Schedule and that overtime requires prior approval of my immediate supervisor.



I agree that should a holiday fall on a day I am scheduled to work, I will be required to supplement the eight-hour holiday credit with an appropriate number of hours to fit my alternate work schedule from accrued excess hours, CTO, annual leave or vacation credits.

I understand that my alternate work schedule will be canceled during the period of time that I am serving Jury Duty, or disabled due to a work-related or non-industrial disability leave.

I further understand that any excess hours remaining, because of a change in the above defined alternate work week schedule, will be compensated at the straight time rate when earned, by lump sum or time off, and any deficit hours will be charged to vacation, annual leave, CTO or approved dock.

EMPLOYEE'S SIGNATURE 	DATE
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CERTIFICATION OF APPROVAL

SUPERVISOR'S AUTHORIZATION 	DATE
OFFICE CHIEF'S APPROVAL 	DATE